REC No.: .....

REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NAKURU
DEPARTMENT OF EDUCATION, ICT, e-GOVERNMENT & PUBLIC COMMUNICATION
DIRECTORATE OF EDUCATION

NAKURU COUNTY BURSARY APPLICATION FORM

Financial Year **2025/26**

SUB COUNTY : ..... WARD : ..... YEAR : .....

NOTE

1. Every section of this form MUST be completed for it to be processed.
2. Take CAUTION that giving FALSE information will lead to disqualification.
3. This form must be returned to the WARD OFFICE.
4. Application SHOULD ONLY be done ONCE for every phase. Multiple application will lead to disqualification.

For Universities/Colleges/Secondary/Vocational Institutions/Special Schools.

PART I STUDENTS DETAILS

Surname : ..... Other Names : .....

Admission Number : .....

Cellphone (University/College/Tertiary Students Only) : .....

Name of Institution : .....

Class/Year of Study (e.g. Year One, Form One etc.) : .....

Campus/Branch/Town : ..... Email Address: .....

National ID Card No. (University/College/Tertiary Students Only): .....

Are you a person Living With Disability: **YES [ ] NO [ ] NCPWD No.:** ..... Gender : .....

Attach the following Documents

I. Report Form, Transcript or Admission Letter for Secondary, Special Schools, Vocational, Colleges and Universities
II. Photocopy of Student I.D for Students in University/College
III. Photocopy of Guardian/Father/Mother or Student's National Identity Card
IV. Fees Structure for Secondary, Special Schools and Vocational students Only
V. Fees Statement for Colleges and University Students Only
VI. Photocopy of Death Certificate (Orphans)
VII. Photocopy of NCPWD Card or Assessment Report from Medical Assessment Board for Persons Living with Disability

DATE: .....

.....
SIGNATURE OF APPLICANT

Name of Parent/Guardian : .....

Occupation of Parent/Guardian : .....

Name and Address of the Employer : .....

Cellphone of Parent/Guardian : .....

I certify that the above information is correct

DATE :

.....

.....
SIGNATURE PARENT/GUARDIAN

PART II - HEADTEACHER/PRINCIPALS RECOMMENDATIONS

The Fee Balance for the Student is Ksh. .....

Institution Contacts

Postal Address : ..... Town : .....

Phone Number : .....

Email Address : .....

Locality of the Institute : .....

Bank Details

Account Name : .....

Account Number : .....

Bank : .....

Branch : .....

I certify that the above information is correct and I recommend for assistance.

DATE: ....

SIGNATURE PRINCIPAL/HEADTEACHER
AND OFFICIAL STAMP

FOR OFFICIAL USE ONLY

PART III - RECOMMENDATION FROM THE WARD

Recommended : Kshs. ..... In Words : .....

Comments : .....

.....

Chairperson: ..... Signature: ..... Date: .....

Secretary: ..... Signature: ..... Date: .....

Other Member: ..... Signature: ..... Date: .....

WARD ADMINISTRATOR OFFICIAL STAMP

PART V - COUNTY BURSARY COMMITTEE APPROVAL/COMMENT

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Chairperson: ..... Signature: ..... Date: .....

Secretary: ..... Signature: ..... Date: .....